

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 913809	RECEIPT DATE:	08 / 17 / 01
IA NUMBER:	PCT/ EP00 / 12988	IA FILING DATE:	12 / 19 / 00
FAMILY NAME:	JOZEPHUS DE BONT	DELAY WAIVED (Y/N):	N
GIVEN NAME:	FRANCISCUS MARINUS	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 21 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PHN 17,828	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
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CITY: TARRYTOWN
 STATE/COUNTRY: NY ZIP: 10591

EMAIL:
 APPLICATION TITLES:
 EMBEDDING A FIRST DIGITAL INFORMATION SIGNAL INTO A SECOND DIGITAL INF
 ORMATION SIGNAL FOR TRANSMISSION VIA A TRANSMISSION MEDIUM

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 5257

SERIAL NUMBER 09/913,809	FILING DATE 08/17/2001 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO.
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APPLICANTS

Franciscus Marinus Jozephus De Bont, Eindhoven, NETHERLANDS;
Leon Maria Van De Kerkhof, Eindhoven, NETHERLANDS;
Arnoldus Werner Johannes Oomen, Eindhoven, NETHERLANDS;

**** CONTINUING DATA *******

. THIS APPLICATION IS A 371 OF PCT/EP00/12988 12/19/2000

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 99204455.2 12/21/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Embedding a first digital information signal into a second digital information signal for transmission via a transmission medium

FILING FEE RECEIVED 1188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit